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**TB CARE I**

# **TB CARE I - South Sudan**

**Year 2  
Quarterly Report  
January - March 2012**

**April 30, 2012**

## Quarterly Overview

|                               |                             |
|-------------------------------|-----------------------------|
| <b>Reporting Country</b>      | <b>South Sudan</b>          |
| <b>Lead Partner</b>           | <b>MSH</b>                  |
| <b>Collaborating Partners</b> | <b>KNCV, WHO</b>            |
| <b>Date Report Sent</b>       |                             |
| <b>From</b>                   | Stephen Macharia            |
| <b>To</b>                     | Martin Swaka, USAID Mission |
| <b>Reporting Period</b>       | <b>January - March 2012</b> |

|                                     |                     |
|-------------------------------------|---------------------|
| <b>Technical Areas</b>              | <b>% Completion</b> |
| 1. Universal and Early Access       | 50%                 |
| 2. Laboratories                     | 17%                 |
| 4. PMDT                             | 0%                  |
| 5. TB/HIV                           | 33%                 |
| 6. Health Systems Strengthening     | 44%                 |
| <b>Overall work plan completion</b> | <b>29%</b>          |

### Most Significant Achievements

**Universal and early access of TB treatment:** TB CARE I supported the NTP to improve the quality of TB services by strengthening the capacity of health workers to diagnose and treat TB through trainings. Twenty (3 Female and 17 Males) health workers were trained on TB diagnosis and treatment in Kwajok, Warrap state. This will improve on early access of TB treatment.

Amos Kutwa, KNCV regional advisor provided technical assistance to finalise the TB strategic plan 2013 – 2017. The TB Strategic plan was revised to be in line with the health sector development plan. This will ensure that TB control is embedded as a priority disease in the country with commensurate domestic financing and engagement of partners.

**Laboratories:** Senior lab advisor is on board and TB IQC and EQA plan has been developed for the next 6 months. Baseline data on the laboratories services has been collected and a monitoring tool developed. IQC has been established in 3 laboratories in Juba County. On-the-job training and mentorship on IQC and EQA of the lab focal persons at central level and Juba Teaching Hospital is on-going. Assessment has been completed in 3 out of seven laboratories that require refurbishment. Procurement of the lab equipment and supplies is on-going. Waiver is in the process.

**Programmatic management of Drug Resistant TB (PMDT):** MDR-TB has been confirmed in 6 patients in South Sudan out of 66 from whom samples have been sent to CRL in Nairobi, Kenya. TB CARE I through coalition partner (WHO) continues to support NTP to send sample to Nairobi for culture and DST.

**TB/HIV:** TB CARE I supported the World TB day that was observed in Torit, Eastern Equatoria State. IEC material were printed and distributed during the celebrations. TB CARE I supported radio talk shows to disseminate TB/HIV messages nationally and locally using local FM stations.

**Health System Strengthening (HSS):** The framework for integrating TB services developed through TB CARE I has been used to assess PHCCs for refurbishment. The tool has been used to identify 3 PHCCs that will be refurbished in the coming quarter. The tool will be shared through NGO health forum to be sent to partners. This will help identifying health facilities for integration of TB services and those that require refurbishment .

**GF Transitional Funding Mechanism (TFM):** GF TFM proposal was developed through high level technical assistance provided by the MSH Regional advisor (Eliud Wandwalo) who was the lead consultant in the process. The lead consultant was supported by the TB CARE I country team and the WHO EMRO. Stakeholders implementing TB services were also involved. The proposal was successfully submitted to the Global Fund on 31st March 2012.

**USAID/Washington TB Team:** TB CARE I hosted the USAID/Washington TB team (Thomas Chiang and Meghan Holohan) from 23rd January - 2nd February 2012. The USAID Mission, NTP M&E officer and TB CARE I country lead accompanied the team during the meetings and the field visits. This was the first visit of it kind to South Sudan by the USAID/HQ TB team. The purpose of the visit was to review the current TB Control program and provide technical guidance on priorities and recommendations to improve performance and reporting.

### **Overall work plan implementation status**

During the period Oct - Dec 2011 (i.e. Quarter 1), the project was still implementing the carry over activities from the APA 1 workplan. Thus the overall implementation status of APA2 is at 29% and the project plans to accelerate the activities in the coming quarters.

### **Technical and administrative challenges**

Revised workplan was approved on 17<sup>th</sup> February 2012. The action plan has been revised to reflect the changes. Joint planning and strong coordination of TB CARE I partners will help integrate the activities. Delay in the approval of procurement of the project equipment and supplies.

### **In-country Global Fund status and update**

TB CARE I provided Technical assistance to South Sudan to develop their Global Fund Transition Funding Mechanism proposal. MSH Regional Advisor, Eliud Wandwalo was the lead consultant in the TFM proposal development. The mission was conducted from 21<sup>st</sup> February to 6<sup>th</sup> March, 2012

During the mission the first draft of TFM proposal was developed. The proposal has four main objectives, six service delivery areas (SDA) and 14 activities. The total budget for the TFM for two years is USD 9.3 million; 4.8 million in year 2014 and 4.5 million in 2015. The performance framework with clear indicators was also developed. The proposal was presented in adhoc CCM meeting on 6<sup>th</sup> March 2012.

Based on the recommendation from the CCM members, the TFM was finalized and submitted for approval on 8<sup>th</sup> March 2012. The CCM submitted the final GFTFM proposal to Global Fund on 31<sup>st</sup> March

## Quarterly Technical Outcome Report

| Technical Area   | 1. Universal and Early Access  |          |      |        |      |  |   |   |
|--|--|----------|------|--------|------|--|---|---|
| Expected Outcomes  | Outcome Indicators   | Baseline |      | Target |      | Result   | Highlights of the Quarter   | Challenges and Next Steps to Reach the Target   |
|  |  | Data     | Year | Data   | Year | Y1   |   |   |
| 1.2 Increased quality of TB services delivered among all care providers (Supply) | 1.2.4 CB-DOTS program is implemented<br>Indicator Value: Score (0-3) based on definition.  | 2        | 2011 | 3      | 2012 | 3  | Twenty (3 Female and 17 Males) health workers were trained on TB diagnosis and treatment in Kwajok, Warrap state. This will improve on the quality of TB services among the health care providers | The link of the health facilities with the community to provide CB DOTS.<br><br>Involve the community and family members in CB-DOTS program.  |
|  | 1.2.5 Increase TB case notification by 10% in the country<br>Description: Proportion of cases notified<br>Indicator Value: percentage<br>Level: National<br>Source: NTP quarterly reports<br>Means of Verification: Quarterly reports<br>Numerator: Number of cases notified<br>Denominator: Expected cases to be notified | 6426     | 2011 | 7400   | 2012 | Oct - Dec 2011<br>1812 all forms of TB<br><br>Jan - Mar 2012<br>Data not available | The data for the period Jan - mar 2012 will be provided by NTP after collecting and analysing reports from all the facilities providing DOTS.   | Late reporting from some facilities resulting in delay submission of the national indicators. Factors range from insecurity to poor communication due to lack of county systems.<br><br>TB CARE Country lead working with the NTP M&E officer |

| Technical Area  | 2. Laboratories   |          |      |        |      |        |   |   |
|---|---|----------|------|--------|------|--------|---|---|
| Expected Outcomes   | Outcome Indicators  | Baseline |      | Target |      | Result | Highlights of the Quarter   | Challenges and Next Steps to Reach the Target   |
|   |   | Data     | Year | Data   | Year | Y1     |   |   |
| 2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients | 2.1.1 A national strategic plan developed and implemented for providing the TB laboratory services needed for patient diagnosis and monitoring, and to support the NTP<br>Indicator Value: Score (0-3) based on definition. | 3        | 2011 | 3      | 2012 | 3      | NTP strategic plan for TB control 2013-2017 developed. The biggest component of the strategic plan is on Pursue high-quality DOTS Expansion and Enhancement | The challenge remains on how to mobilize resources to support the strategic plan.<br><br>Present the strategic plan to government and stakeholders. |

| Technical Area                        |  | 4. PMDT  |      |        |      |        |  |   |
|---------------------------------------|--|----------|------|--------|------|--------|--|---|
| Expected Outcomes                     | Outcome Indicators   | Baseline |      | Target |      | Result | Highlights of the Quarter                          | Challenges and Next Steps to Reach the Target   |
|                                       |  | Data     | Year | Data   | Year | Y1     |  |   |
| 4.1 Improved treatment success of MDR | 4.1.1 TB patients, suspected of MDR, dying between request for lab examination and start of MDR treatment<br>Indicator Value: Percentage<br>Numerator: The number of TB patients (Cat I, Cat II) with confirmed HR or R resistance, who died between the date of the lab request and the start of MDR treatment<br>Denominator: The total number of TB patients (Cat I, Cat II) with | n/a      | n/a  |        |      |        | 6 cases have been confirmed to be MDR-TB patients. | Though South Sudan has identified MDR TB cases through routine surveillance of re-treatment cases, No data is available on the progression of the disease in the identified cases |





| Technical Area                                     | 5. TB/HIV   |          |      |        |      |   |   |  |
|--|---|----------|------|--------|------|---|---|--|
| Expected Outcomes                                  | Outcome Indicators  | Baseline |      | Target |      | Result  | Highlights of the Quarter   | Challenges and Next Steps to Reach the Target  |
|  |   | Data     | Year | Data   | Year | Y1  |   |  |
| 5.1 Strengthened prevention of TB/HIV co-infection | 5.1.2 Facilities that are providing HIV prevention message at TB services<br>Indicator Value: Percent<br>Numerator: Number of randomly-selected facilities, providing DOTS, which have a trained staff on HIV counseling.<br>Denominator: Total number of facilities providing DOTS | 67%      | 2011 | 90%    | 2012 | Oct - Dec 2012<br>65% (28/43)<br><br>Jan - Mar 2012<br>Data not available | The data will be provided by NTP after all the facilities providing DOTS reports. | Late reporting by the facilities. TB CARE I is working with NTP M&E officer to improve on the reporting. |





|   |  |     |      |     |      |   |   |  |
|---|--|-----|------|-----|------|---|---|--|
| 5.2 Improved diagnosis of TB/HIV co-infection | 5.2.2 TB patients with known HIV status<br>Indicator Value: Percent<br>Numerator: Total number of all TB patients registered over a given time period who were tested for HIV (after giving consent) during their TB treatment<br>Denominator: Total number of TB patients registered over the same given time period. | 56% | 2011 | 80% | 2012 | Oct - Dec 2011<br>50%<br><br>Jan - Mar 2012<br>data not available | The data will be provided by NTP after all the facilities providing DOTs reports. | Late reporting by the facilities. TB CARE I is working with NTP M&E officer to improve on the reporting. |
|---|--|-----|------|-----|------|---|---|--|

| Technical Area 6. Health Systems Strengthening  |  |                   |      |                     |      |                    |   |  |
|---|--|-------------------|------|---------------------|------|--------------------|---|--|
| Expected Outcomes   | Outcome Indicators   | Baseline          |      | Target              |      | Result             | Highlights of the Quarter   | Challenges and Next Steps to Reach the Target  |
|   |  | Data              | Year | Data                | Year | Y1                 |   |  |
| 6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners | 6.1.2 Government budget includes support for anti-TB drugs<br>Indicator Value: Yes/No  | No                | 2011 | Yes                 | 2012 | No                 | NTP strategic plan for TB control 2013-2017 developed.  | With the on-going crises in the country, the government spending has been cut and this has affected MoH.<br><br>Use of NTP strategic plan to advocate for government funding toward TB control in the Country. |
| 6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral   | 6.2.3 People trained using TB CARE funds<br>Indicator Value: Number of people<br>Numerator: Number of people trained disaggregated by gender and type of training. | 99<br>(F:33,M:66) | 2011 | 200<br>(F:80,M:120) | 2012 | 57<br>(F:14, M:43) | Twenty (3 Female and 17 Males) health workers were trained on TB diagnosis and treatment in Kwajok, Warrap state. This will improve on the quality of TB services among the health care providers | Competing priorities within NTP. Involvement of women in the training.<br><br>Accelerated plan has been developed. Advocating for women participation.   |

|   |   |    |      |    |      |    |  |  |
|---|---|----|------|----|------|----|--|--|
| part of national plans, strategies and service delivery of these components | 6.2.4 Establish new 20 TB diagnostic and treatment centres<br>Description: The number of facilities providing TB diagnosis and treatment<br>Indicator Value: number<br>Level: National<br>Source: NTP quarterly reports<br>Means of Verification: health facilities reporting on TB/HIV activities<br>Numerator: Number of health facilities with TB diagnosis and treatment<br>Denominator: Number of functional state, county and PHCC in the Country | 42 | 2011 | 62 | 2012 | 43 | Currently TB diagnostic and treatment centers that are regularly reporting are 43. | 22 health facilities are diagnosing and referring patients for treatment.<br><br>NTP with support from TB CARE I and other partners will establish treatment in the 22 facilities so that they can be upgraded to the TB diagnosis and treatment center.<br><br>Some may need to be refurbished to provide quality services. |
|---|---|----|------|----|------|----|--|--|

## Quarterly Activity Plan Report






| 1. Universal and Early Access  |            |  | Activity Leader | Approved Budget | Cumulative Completion   | Planned Completion |      | Cumulative Progress and Deliverables up-to-date   |
|--|------------|--|-----------------|-----------------|---|--------------------|------|---|
| Outcome  | Activity # | Activity   |                 |                 |   | Month              | Year |   |
| 1.2 Increased quality of TB services delivered among all care providers (Supply) | 1.2.1      | Distribute annual report, SOPs, training manuals and job aids and develop NTP's 2012 annual plan | MSH             | 26,114          |  25% | Dec                | 2012 | Printing of the documents is waiting for the final documents to be submitted by NTP. Strategic plan and job Aids are yet to be submitted.   |
|  | 1.2.2      | Support Supervision  | MSH             | 5,940           |  75% | Sep                | 2012 | On-going. Jointly with NTP, TB CARE I conducted support supervision in all TB diagnostic and treatment centers in CES during the quarter. This was to help the program collect baseline data on lab services. |
|  | 1.2.3      | Train clinicians and nurses  | MSH             | 66,805          |  50% | Apr                | 2012 | one of the two planned trainings has been conducted. Twenty (3 Female and 17 Males) health workers were trained on TB diagnosis and treatment.  |
|  |            |  |                 |                 |  50% |                    |      |   |

| 2. Laboratories   |            |   | Activity Leader | Approved Budget | Cumulative Completion   | Planned Completion |      | Cumulative Progress and Deliverables up-to-date  |
|---|------------|---|-----------------|-----------------|---|--------------------|------|--|
| Outcome   | Activity # | Activity                                |                 |                 |   | Month              | Year |  |
| 2.1 Ensured capacity, availability and quality of laboratory testing in country needed to support the diagnosis and monitoring of TB patients | 2.1.1      | Refurbishment of laboratories           | MSH             | 83,384          |  25%   | Sep                | 2012 | Assessment has been completed in 3 out of 7 laboratories that require refurbishment.<br><br>Procurement of the lab equipment and supplies is on-going. Waiver process is yet to be finalised.  |
|   | 2.1.2      | Train laboratory technicians/assistants | MSH             | 23,700          |  0%  | May                | 2012 | Planned in May 2012  |
|   | 2.1.3      | Support EQA system and CRL              | MSH             | 17,604          |  25% | Sep                | 2012 | Senior lab advisor is on board and TB IQC and EQA plan has been developed for the next 6 months. Baseline data on the laboratories services has been collected and a monitoring tool developed. IQC has been established in 3 laboratories in Juba County. |
|   |            |   |                 |                 |  17% |                    |      |  |



| 4. PMDT                               |            |  | Activity Leader | Approved Budget | Cumulative Completion | Planned Completion |      | Cumulative Progress and Deliverables up-to-date   |
|---------------------------------------|------------|--|-----------------|-----------------|-----------------------|--------------------|------|---|
| Outcome                               | Activity # | Activity   |                 |                 |                       | Month              | Year |   |
| 4.1 Improved treatment success of MDR | 4.1.1      | MDR-TB and infection control guidelines                      | KNCV            | 57,063          | 0%                    | May                | 2012 | Has been postponed until NTP completes the DRS TB. Funds are also available from the GF to carry out this activity. |
|                                       | 4.1.2      | Training materials on MDR-TB                                 | WHO             | 20,456          | 0%                    | Sep                | 2012 | NTP suggests that the PMDT training material will be developed after the DRS survey is complete.                    |
|                                       | 4.1.3      | Training of 2 staff on MDR-TB (regional training)            | WHO             | 15,987          | 0%                    | Sep                | 2012 | Depends on the functioning of the CRL which is behind schedule  |
|                                       | 4.1.4      | Stakeholders meeting on MDR and infection control guidelines | MSH             | 6,420           | 0%                    | May                | 2012 | This activity will be part of the process for activity 4.1.1  |
|                                       |            |  |                 |                 | 0%                    |                    |      |   |

| 5. TB/HIV  |            |   | Activity Leader | Approved Budget | Cumulative Completion | Planned Completion |      | Cumulative Progress and Deliverables up-to-date   |
|--|------------|---|-----------------|-----------------|-----------------------|--------------------|------|---|
| Outcome  | Activity # | Activity  |                 |                 |                       | Month              | Year |   |
| 5.1 Strengthened prevention of TB/HIV co-infection | 5.1.1      | Support strengthened prevention of TB/HIV activities. | MSH             | 29,500          | 100%                  | Mar                | 2012 | Printing of the IEC materials<br>Radio talk shows held nationally and locally using local FM stations.<br>Supported WTBD activities |
| Outcome  | Activity # | Activity  | Activity Leader | Approved Budget | Cumulative Completion | Month              | Year | Cumulative Progress and Deliverables up-to-date   |
| 5.2 Improved diagnosis of TB/HIV co-infection      | 5.2.1      | TB/HIV coordination meetings                          | MSH             | 32,530          | 0%                    | Sep                | 2012 | Quarterly review meetings for the State TB coordinators and State HIV directors is Planned for May 2012                             |
|  | 5.2.2      | Training of health care workers on PITC               | MSH             | 30,525          | 0%                    | Jun                | 2012 | Planned in April  |
|  |            |   |                 |                 | 33%                   |                    |      |   |

| 6. Health Systems Strengthening   |            |   | Activity Leader | Approved Budget | Cumulative Completion   | Planned Completion |      | Cumulative Progress and Deliverables up-to-date  |
|---|------------|---|-----------------|-----------------|---|--------------------|------|--|
| Outcome   | Activity # | Activity  |                 |                 |   | Month              | Year |  |
| 6.1 Ensured that TB control is embedded as a priority within the national health strategies and plans, with commensurate domestic financing and supported by the engagement of partners       | 6.1.1      | Support Global Fund TFM Proposal R12 for South Sudan                        | MSH             | 45,030          |  100%  | Mar                | 2012 | GF TFM proposal developed and submitted to the GF through CCM South Sudan on 31st March 2012. GF have acknowledged receipt of the TFM TB proposal. |
| Outcome   | Activity # | Activity  | Activity Leader | Approved Budget | Cumulative Completion   | Month              | Year | Cumulative Progress and Deliverables up-to-date  |
| 6.2 TB control components (drug supply and management, laboratories, community care, HRD and M&E) formed integral part of national plans, strategies and service delivery of these components | 6.2.1      | Integrate TB into PHC   | MSH             | 11,850          |  25%   | Sep                | 2012 | On-going   |
|   | 6.2.2      | Support technical group meetings and attendance to international conference | MSH             | 15,716          |  50%   | Nov                | 2013 | Most of TWG for the TFM proposal writing group have been supported by TB CARE I  |
|   | 6.2.3      | MOST for TB   | MSH             | 31,638          |  0%    | Mar                | 2012 | July   |
|   |            |   |                 |                 |  44% |                    |      |  |

## Quarterly MDR-TB Report

|         |             |
|---------|-------------|
| Country | South Sudan |
|---------|-------------|

|        |                      |
|--------|----------------------|
| Period | January - March 2012 |
|--------|----------------------|

### MDR TB cases diagnosed and put on treatment in country

| Quarter      | Number of MDR cases diagnosed | Number of MDR cases put on treatment |
|--------------|-------------------------------|--------------------------------------|
| Jan-Dec 2010 | 6                             | 0                                    |
| Jan-Sep 2011 | 0                             | 0                                    |
| Oct-Dec 2011 | 0                             | 0                                    |
| Total 2011   | 6                             | 0                                    |
| Jan-Mar 2012 | 0                             | 0                                    |

## Quarterly GeneXpert Report

|         |             |
|---------|-------------|
| Country | South Sudan |
|---------|-------------|

|        |                      |
|--------|----------------------|
| Period | January - March 2012 |
|--------|----------------------|

**Table 1: GeneXpert instruments and cartridges procured or planned by quarter**

|                         | Procured     |                |                  | # still planned for procurement in APA 2 | Month, Year procurement planned (i.e. April 2012) |
|-------------------------|--------------|----------------|------------------|--|---|
|                         | Jan-Dec 2011 | Jan-March 2012 | Cumulative total |  |   |
| # GeneXpert Instruments | 0            | 0              | 0                | 0  | n/a   |
| # Cartridges            | 0            | 0              | 0                | 0  | n/a   |

**Table 2: Cumulative List of GeneXpert Instruments Procured to Date or Planned in the Next Quarter**

| Already procured or still planned? (i.e. Write "Procured" or "Planned") | Instrument | # of Modules (1, 2, 4, or 16) | Location(s) (facility name & city/ province or TBD) | USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup> | Partner/ Implementing Organization; Additional Comments |
|---|------------|-------------------------------|---|--|---|
|   | 1          |                               |   |  |   |
|   | 2          |                               |   |  |   |
|   | 3          |                               |   |  |   |
|   | 4          |                               |   |  |   |
|   | 5          |                               |   |  |   |
|   | 6          |                               |   |  |   |
|   | 7          |                               |   |  |   |
|   | 8          |                               |   |  |   |

<sup>1</sup> Differentiating between PEPFAR and USAID-funded is important. If it is PEPFAR funded, specify the fiscal year (i.e. FY2011). Add rows if there are more than 8 instruments in total.

**Table 3: Cumulative Xpert MTB/RIF **Cartridges** Procured to Date or Planned for Next Quarter**

| Already procured or still planned? (i.e. Write "Procured" or "Planned")  | Order # | # of Cartridges* | Location(s) (facility name and city/ province or TBD) | USG Funding Source (e.g., PEPFAR COP FYxx, USAID) <sup>1</sup> | Comments |
|--|---------|------------------|---|--|----------|
|  | 1       |                  |   |  |          |
|  | 2       |                  |   |  |          |
|  | 3       |                  |   |  |          |
|  | 4       |                  |   |  |          |
|  | 5       |                  |   |  |          |
| *There are 10 cartridges per kit, but we need the total # of <b>cartridges</b> (not kits)<br>Add an additional row for every procurement order of cartridges |         |                  |   |  |          |

Any additional information/clarifications to the above (optional)

Please provide a brief description of any significant problems encountered in use of the GeneXpert machine(s) and Xpert MTB/RIF cartridges

Please describe technical assistance or evaluation of implementation activities performed and planned.

## Quarterly Photos (as well as tables, charts and other relevant materials)

**World TB day celebrated in Torit, Headquarter of the Eastern Equatoria state.**



Figure 1: Health Education and Community mobilization in Torit town



Figure 2: Procession by organised forces in Torit, Eastern Equatoria state



Figure 3: Speech by NTP representative from the central level



Figure 4: Speech by the advisor to the Minister of Health, Eastern Equatoria State

**GF TFM proposal in-country writing team witnessing the sending of the soft copy of the proposal (left) and handing over hard copies to the CCM South Sudan.**



Figure 5: CCM secretariate South Sudan sending soft copy of the TFM proposal by email



Figure 6: CCM South Sudan receiving hard copies from the TH and HIV in-country writing groups

### Inventory List of Equipment - TB CARE I



# TB CARE I

|                          |                             |
|--------------------------|-----------------------------|
| <b>Organization:</b>     | <b>TB CARE I</b>            |
| <b>Country:</b>          | <b>South Sudan</b>          |
| <b>Reporting period:</b> | <b>January - March 2012</b> |
| <b>Year:</b>             | <b>APA 2</b>                |

[illegible]



[illegible]

Key

|  |        |
|--|--------|
|  | TB CAP |
|--|--------|

|  |           |
|--|-----------|
|  | TB CARE I |
|--|-----------|

- (1) Description of equipment: transportation (vehicles), administration (computers, faxes), laboratory equipment or others
  - (2) Identification number (eg Manufacturer's serial number, model number, Federal stock number, national stock number)
  - (3) Date of invoice
  - (4) Total price including any sales tax paid. Use currency on invoice
  - (5) Note any sales tax charged
  - (6) Address
  - (7) Good/fair or bad
  - (8)+(9) Ultimate disposition data, (in the case of a vehicle) including date of disposal and sales price or the method used to determine current fair market value.
- where a recipient compensated TB CARE I for its share. Attach supplementary info